

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90036 021 ***150.00



DOCUMENT # P04000021032
 1. Entity Name
NAVARRE SLEEP DISORDER GROUP INC.

Principal Place of Business 21205 YACHT CLUB DRIVE 406 AVENTURA FL 33180	Mailing Address 1200 GRAVESSEND NECK RD 3L BROOKLYN NY 11229
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 20-0676080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OPPENHEIM, KIRA 21205 YACHT CLUB DRIVE 406 AVENTURA FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OPPENHEIM, KIRA 1200 GRAVESSEND NECK RD., APT 3L BROOKLYN NY 11229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

ATTACHMENT



NAVARRE SLEEP
DISORDER GROUP.INC

50059424
#POT 000021032

To whom it may concern,

I, Kira Oppenheim, would like to respond to the notice of intent to dissolve which I received from you recently. I was not familiar with regulations described in the mentioned above notice until I went to your internet website, got telephone number and contacted one of your representative by the mane of Gary on July 11, 2005. Mr.Gary explained that by regulations of the state of Florida each corporation has to be renewed/re-registered annually. I made him aware that I never received any applications from Division of Corporation previously. Mr.Gary mailed me new application and suggested to write an explanation letter and include the check for \$150. I followed all the instructions.

If you have any further questions, please, contact me by mail or by the phone 917-553-4040.

Please, take this letter into your consideration.

Sincerely,

Kira Oppenheim

July 26, 2005